Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	ÇQ		COVER FAGE CALIFORNIA 460 1 COVER FAGE 2001/02 1 FORM
	Statement covers period from 10/01/2003	Date of election if applicable: (Month, Day, Year)  JAN 0	9 2004 Page 1 of 30
SEE INSTRUCTIONS ON REVERSE	through12/31/2003	03/02/2004 REGISTRAD	OF VOTERS
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored Small Contributor Committee	Sallot Measure Committee  Primarily Formed  Controlled	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	1243923	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends Of Lou Correa		NAME OF TREASURER Kinde Durkee MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY	TATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS	,
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE		TATE ZIP CODE AREA CODE/PHONE
4. Verification		OPTIONAL: FAX / E-MAIL ADDRESS	
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my f California that the foregoing is true an	knowledge the information contained herein and in	the attached schedules is true and complete. I
Executed on	<sub>By</sub> Kinde Durke		h
Executed on01/07/2004	By Lou Correa Signature of Contro	Jus Carrie Villa State Measure Proponent or Responsible	Officer of Sponsor
Executed on	Ву	ignature of Controlling Officeholder, Candidate, State Measure Proponer	
Executed on	By	ignature of Controlling Officeholder, Candidate, State Measure Proponen	FPPC Form 460 (June/01)  FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Officeholder or Candidate Controlled Committee	e	6.	Ballot Measure Comm	ittee			
NAME OF OFFICEHOLDER OR CANDIDATE	WW 5		NAME OF BALLOT MEASURE			.*	***************************************
Lou Correa							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT N	IUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTI	ON .	- Ir	SUPPORT
Board Of Supervisors, Orange County, Distr	ict: 01				,		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		identify the controlling of	ficeholder, ca	indidate, or s	tate measure	proponent if
			NAME OF OFFICEHOLDER, CA				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Related Committees Not Included in this Staten	nent: List any committees		OFFICE SOUGHT OR HELD				
of included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	re primarily formed to receive lacy.		OFFICE SOUGHT OR RELD			DISTRICT NO.	IF ANY
OMMITTEE NAME ILE	D. NUMBER				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Lou Correa For State Assembly 2002	1241713						
· · · · · · · · · · · · · · · · · · ·							
	ONTROLLED COMMITTEE?	7.	Primarily Formed Con	nmittee List	names of offic	ceholder(s) or a	andidate(s) for
IAME OF TREASURER CO	ONTROLLED COMMITTEE?	7.	Primarily Formed Con which this committee is prin	nmittee List Parily formed.	names of offic	ceholder(s) or c	andidate(s) for
AME OF TREASURER CO		7.	Primarily Formed Con which this committee is prim	arily formed.		GHT OR HELD	SUPPO
MAME OF TREASURER  Kinde Durkee  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	YES NO	7.	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	sandidate(s) for
AME OF TREASURER Kinde Durkee OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	X YES NO	7.	which this committee is prin	CANDIDATE	OFFICE SOU		SUPPO OPPOS
AME OF TREASURER  Kinde Durkee  OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  ITY STATE ZIP CODE	X YES NO	7.	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPO
AME OF TREASURER Kinde Durkee OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  ITY STATE ZIP CODE OMMITTEE NAME	AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOSION SUPPOS
AME OF TREASURER  Kinde Durkee  OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  OMMITTEE NAME  Assemblymember Correa Campaign Legal  AME OF TREASURER	AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPOSION SUPPOS
Assemblymember Correa Campaign Legal  Ame of treasurer  Committee Address Street Address (NO PO. BOX)  STATE ZIP CODE  Committee NAME  Assemblymember Correa Campaign Legal  Committee NAME  Ame of treasurer  Kinde Durkee	AREA CODE/PHONE  D. NUMBER  1259421	7.	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPO SUPPOSI SUPPO SUPPOSI SUPPO SUPPOSI SUPPO SUPPOSI
AME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)  STATE ZIP CODE  OMMITTEE NAME  Assemblymember Correa Campaign Legal  AME OF TREASURER  Kinde Durkee	AREA CODE/PHONE  D. NUMBER  1259421  DOTROLLED COMMITTEE?	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPO
ASSEMBlymember Correa Campaign Legal  AME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)  STATE ZIP CODE  COMMITTEE NAME  ASSEMblymember Correa Campaign Legal  AME OF TREASURER  Kinde Durkee	AREA CODE/PHONE  D. NUMBER  1259421  DITROLLED COMMITTEE?  X YES NO	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPOS SUPPOS SUPPOS SUPPOS SUPPOS SUPPOS SUPPOS

#### Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through	12/31/2003	Page 3 of 30
NAME OF FILER				I.O. NUMBER
Friends Of Lou Correa				1243923
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B Calendar year TOTALT ODATE	Running in Both to	nmary for Candidates he State Primary and
Monetary Contributions	0.00	\$ <u>152,310.00</u> 0.00	20 Cantalandana	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	0.00	\$ 152,310.00 703.50 \$ 153,013.50	Received \$ 0  21. Expenditures Made \$ 0	.00
Expenditures Made  Schedule E, Line 4  Loans Made Schedule H, Line 7	\$ <u>32,976.22</u> 0.00	\$ 62,984.59	Expenditure Limit Candidates	Summary for State
3. SUBTOTAL CASH PAYMENTS	0.00	\$ <u>62,984.59</u> 0.00	(If Subject)  Date of Election	ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date
10. Nonmonetary Adjustment	\$ 32,976.22	703.50 s 63,688.09	(mm/dd/yy)	\$
Current Cash Statement  12. Beginning Cash Balance Previous Summery Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule 1, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  16 this is a termination statement, Line 16 must be zero.	46,812.00 0.00 32,976.22	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is		_ \$ _ \$ _ \$
7. LOAN GUARANTEES RECEIVED	\$ 0.00	the first report being filed for this calendar year, only carry over the amounts	*Since January 1, 2001.	Amounts in this section may be
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See Instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above		from Lines 2, 7, and 9 (if any).	different from amounts re	FPPC Form 460 (June/0

#### Schedule A Monetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 10/01/2003	CALIFORNIA 460
through 12/31/2003	Page 4 of 30
	1.D. NUMBER 1243923

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends Of Lou Correa

rnenas Of t	Lou Correa	·			1243	923
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/08/2003	John Acosta	X IND   COM   OTH   PTY   SCC	Owner  Beach Cities Const Mgmt And Masonry	100.00	100.00	\$100 P2004
11/10/2003	Kent Adamson	IND COM OTH PTY SCC	Doctor  Kent R Adamson MD Inc	250.00	250.00	\$250 P2004
12/08/2003	Ellen Ahn	IND COM OTH PTY	Director  Korean Community Services	100.00	600.00	\$600 P2004
10/27/2003	AIG Claim Services Inc	□IND □COM IXIOTH □PTY □SCC		1,000.00	1,000.00	\$1000 P2004
12/08/2003	Larry Ainsworth	IND COM OTH SCC	CEO St Joseph Health System	150.00	150.00	\$300 P2004
			SUBTOTAL	1,600.00	Z political de	A. Arrivinia

#### Schedule A Summary

- 1. Amount received this period contributions of \$100 or more. (Include all Schedule A subtotals.)..... 45,600.00 1,212.00 2. Amount received this period – uniternized contributions of less than \$100 ......\$
- 3. Total monetary contributions received this period. 46,812.00

\*Contributor Codes

IND - Individua!

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

	`			from10/01/2	2003	FORM 40U
ı				through 12/31/2	2003 Pa	ge <u>5</u> of 30
Friends Of	Lou Correa				1	NUMBER 43923
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
12/31/2003	Blake Anderson	DIND COM OTH PTY SCC	General Manager Orange County Sanitation District	150.00	150.00	\$150 P2004
12/31/2003	Association Of Orange County Deputy Sheriffs PAC	□ND □COM □OTH □PTY □SCC		400.00	400.00	\$1400 P2004
12/31/2003	Automotive Trade Org Political Act Co	☐IND ☐COM IXI OTH ☐PTY ☐SCC		300.00	300.00	\$300 P2004
11/10/2003	Kenneth Bell	DX IND COM	Physician Caloptima	250.00	250.00	\$599 P2004
11/10/2003	Melinda Beswick	IND COM. OTH PTY scc	Administration CA Hospital Medical Center	250.00	250.00	\$250 P2004
			SUBTOTAL	1,350.00		105 Lin S

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

10/01/2003

				from 10/01/2		FUK	
				through 12/31/2	2003	Page 6	of 30
Friends Of l	Lou Correa					1.0. NUMBE 1243923	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER QCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN, 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
11/10/2003	Gregory Buchert	ØIND COM OTH PTY SCC	Doctor  Cal Optima	250.00	250	0.00	\$250 P2004
12/08/2003	CA Assn For The Gifted PAC	☐ IND  IX COM  ☐ OTH  ☐ PTY ☐ SCC		200.00	200	0.00	\$1200 P2004
10/01/2003	CA Assn Of Industrial Banks PAC	DIND SCOM OTH PTY SCC		1,400.00	400	0.00	\$1400 P2004
0/01/2003	California Healthcare Association PAC	IND OTH PTY SCC		900.00	400	0.00	\$1400 P2004
11/10/2003	William Callahan Jr.	DS IND COM PTY SCC	Physician William E Callahan	250.00	250	0.00	\$250 P2004
			SUBTOTAL	\$ 3,000.00		1	i kana i

\*Contributor Codes

INO - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

				from 10/01/2	2003	FORM 400-
				through 12/31/2	2003 P	age 7 of 30
NAME OF FILER Friends Of	Lou Correa				1.1	о number 2439 <b>2</b> 3
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *.	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN: 1 - DEC: 31	TO DATE
10/27/2003	David Cassidy	IND COM OTH PTY SCC	Doctor Fountain Valley Imaging Center	250.00	250.0	\$250 P2004
12/08/2003	Bonnie Castrey	IND   COM   OTH   PTY   SCC	Arbitrator  Bonnie P Castrey	100.00	100.0	\$100 P2004
11/10/2003	Richard Chambers	XI IND   COM   OTH   PTY   SCC	COO Caloptima	250.00	250.0	\$250 P2004 00
12/31/2003	Coca-Cola Enterprises Bottling Co	DIND COM DIOTH PTY SCC		1,000.00	1,000.0	\$1000 P2004
10/27/2003	College Hospital Of Costa Mesa	OND COM ZOTH PTY SCC		1,400.00	1,400.0	\$1400 P2004
			SUBTOTAL	\$ 3,000.00	M.H. J.M.S	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

\*Contributor Codes

IND - individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

# Schedule A (Continuation Sheet) Monetary Contributions Received Typs or print In ink. Amounts may be rounded to whole dollars. Typs or print In ink. Amounts may be rounded to whole dollars. Typs or print In ink. Amounts may be rounded to whole dollars. Typs or print In ink. Statement covers period FORM CALIFORNIA 460 FORM FORM 10/01/2003 Page 8 of 30 I.D. NUMBER 12/3923 I.D. NUMBER 12/3923 TO DATE RECEIVED THE AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALBO GNTER ID. SILMARS) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE \* OCCUPATION AND EMPLOYER (IF COMMITTEE, ALBO GNTER ID. SILMARS) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE \* OCCUPATION AND EMPLOYER (IF COMMITTEE, ALBO GNTER ID. SILMARS) OCCUPATION AND EMPLOYER (IF REQUIRED) OCCUPATION AND EMPLOYER (IF REQUIRED) OCCUPATION AND EMPLOYER (IF REQUIRED) OF SUBMISSION O

		[	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. MUMBER)	CONTRIBUTOR GODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F BELF-EMPLOYED, ENTER NAME OF BUSINGS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
12/08/2003	Committee On Political Education AFL-CIO	ND COM OTH PTY SCC		2,000.00	400.00	\$1400 P2004
12/31/2003	Mai Cong	DS IND COM	Director Vietnamese Community of Orange Co.	200.00	300.00	\$300 P2004
11/10/2003	David Davis	DSIND COM OTH PTY scc	Physician  David M Davis MD	250.00	250.00	\$250 P2004
12/31/2003	Della Communications	DOM		290.00	200.00	\$200 P2004
11/10/2003	Mary Dewane	DE IND  COM  OTH  PTY  scc	Doctor Mary K Dewarte	200.00	299.00	\$299 P2004
			SUBTOTAL	2,850.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 10/01/2003 CALIFORNIA 460 FORM 12/31/2003 Page 9 of 30

I.D. NUMBER

1243923

NAME OF FILER

Friends Of Lou Correa

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF COMMITTEE, ALSO EYER LD. NUMBER]	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUBINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2003	Ronald Di Luigi	DIND COM OTH PTY SCC	Vice President St Joseph's Hospital of Orange Co	100.00	100.00	\$250 P2004
12/31/2003	Frank Dominguez	DXIND COM OTH PTY SCC	Director Feed The People	250.00	350,00	\$400 P2004
11/10/2003	Burnis Dunlap	DXIND COM OTH PTY SCC	Director of External Affairs St Jude	100.00	100,00	\$100 P2004
11/10/2003	Ed Ellison	DXIND COM OTH PTY SCC	Physician SCPMG	250.00	250.00	\$300 P2004
11/10/2003	Emergency Medicine Management Services Of California Inc	DOM DOM DYOTH PTY SCC		250.00	250.00	\$250 P2004
			SUBTOTAL	\$ 950.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Furniture Industry PAC

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

1,400.00

1,850.00

		to whole o	dollars.	from 10/01/2 through 12/31/2	· ·	FOR	
IAME OF FILER Friends Of L	_ou Correa					1.0. NUMBI 124392	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
11/10/2003	Jeffery Flocken	IXIND COM	Senior Vice President St Joseph	100.00	10	00.00	\$100 P2004
12/31/2003	Francisco Flores	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner El Rey Marisco Restaurant	100.00	10	00.00	\$100 P200
	TYPE: INTERMEDIARY Teresa Saldivar	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Teresa's Jeweler				
11/10/2003	Richard Frankenstein	IX IND COM OTH PTY SCC	Doctor Richard Frankenstein	250.00	25	50.00	\$474 P2004

□ IND

□отн

☐ PTY □scc

ID: 1244399

SUBTOTAL \$

\*Contributor Codes

IND - Individual

12/31/2003

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

\$1400 P2004

1,400.00

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may be to whole dol		Statement confrom 10/01	•		ORNIA 460
			through 12/31/	/2003	Page _	11 of 30
NAME OF FILER					I.D. NUM	BER .
Friends Of Lou Correa				* .	12439	23
THE NAME PROCESS AND THE COOR OF COM-	TRIBLITOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE :	TO DATE	PER ELECTION

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
11/10/2003	MaryAnn Gaido	IND COM	Government Affairs St Joseph	100.00	100.00	\$100 P2004		
12/31/2003	Gilbert García	X  IND   COM   OTH   PTY   SCC	President  Mexican American Museum	100.00	100.00	\$100 P2004		
10/28/2003	Stardiford Helm	IND COM OTH SCC	Doctor Standiford Helm Md, Inc	250.00	250.00	\$250 P2004		
12/31/2003	Honda Of Santa Ana	IND COM OTH PTY SCC		100.00	100.00	\$100 P2004		
12/31/2003	Huntington Beach Police Officers Assoc	IND OTH PTY SCC		1,400.00	1,400.00	\$1400 P2004		
SUBTOTAL \$ 1,950.00								

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded
to whole dollars

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole c		Statement cov from 10/01/2	CALIFORNIA 460			
				through12/31/2	2003	Page 1	2 of_	30
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·			I.D. NUMB	ER	
Friends Of	Lou Correa					124392	23	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER ( D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC	EAR	PER ELE TO D (IF REQ	ATE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
11/10/2003	Jena Jensen	IND COM OTH PTY	Public Relations CHOC	100.00	100.00	\$100 P2004		
11/10/2003	Jensen, Verlyn N Law Offices Of	☐ IND ☐ COM [X] OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	\$1000 P2004		
11/10/2003	Andrew Kazzi	DIND COM OTH SCC	Doctor  Emergency Medicine UCIMC	1,400.00	1,400.00	\$1400 P2004		
12/31/2003	Law Offices Of Alfredo Amezcua & Assoc	IND COM IND OTH PTY SCC		250.00	250.00	\$250 P2004		
11/17/2003	Law Offices Of Jennifer L Keller	☐ IND ☐ COM [X] OTH ☐ PTY ☐ SCC		1,400.00	1,400.00	\$1400 P2004		
SUBTOTAL \$ 4,150.00								

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

	No.			from10/01/2	2003	FORM 40U	
		*		through 12/31/2	2003 Pa	ge 13 of 30	
NAME OF FILER		· ·			I.D.	NUMBER	
Friends Of I	Lou Correa				12	43923	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN: 1 - DEC: 31)	E PER ELECTION TO DATE (IF REQUIRED)	
12/08/2003	Leed Properties Inc	COM COM OTH PTY SCC		1,400.00	1,400.00	\$1400 P2004	
12/31/2003	Magnolia Medical Imaging Center Inc	□ IND □ COM □ OTH □ PTY □ SCC		500.00	500.00	\$500 P2004	
11/10/2003	Marta's Vineyards Inc	□ IND □ COM □ OTH □ PTY □ SCC		1,400.00	1,400.00	\$1400 P2004	
12/08/2003	Max Enhancement Group Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,400.00	\$1400 P2004	
12/08/2003	McLarand, Vasquez, Emsiek & Partners Inc	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.00	\$250 P2004	
			SUBTOTAL	<b>\$</b> 4,550.00	40.00	1	

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

_	Contributions Received	Amounts may to whole o		Statement cover 10/01/2   from 12/31/2   through 12/31/2	2003	CALIFORNIA 460 FORM 460
Friends Of	Lou Correa					1243923
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN: 1 - DEC.	DATE PER ELECTION AR TO DATE
12/31/2003	Gilbert McLeod	IX IND COM OTH PTY SCC	Retired N/A	250.00	250	\$250 P2004 0.00
12/31/2003	Gloria Mcleod	COM   COM   OTH   PTY   SCC	Assembly Member State of CA	250.00	250	\$250 P2004 0.00
11/10/2003	Robert Minkin	Zi IND   COM   OTH   PTY   SCC	Executive Vice President St Joseph	100.00	100	\$100 P2004 0.00
10/01/2003	Mission Viejo Emergency Medi Mission Hospital Medical Center	IND COM SOTH SCC		1,000.00	1,000	\$1000 P2004 0.00
	Steve Moreau	Ø IND □ COM	Senior Vice President			\$100 P2004

SUBTOTAL \$

Hoag

100.00

1,700.00

OTH

□scc

\*Contributor Codes

IND - Individual

11/10/2003

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Steve Moreau

100.00

Type or print in ink, Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

**CALIFORNIA** 

Statement covers period

1,400.00

2,450.00

SUBTOTAL \$

				from 10/01/2	2003	FORM 400
				through 12/31/2	2003	Page 15 of 30
NAME OF FILER Friends Of	Lou Correa					LD. NUMBER 1243923
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YEA (JAN. 1 - DEC. 1	AR TO DATE
11/10/2003	Newport Emergency Medical Group Inc	IND COM OTH PTY scc		500.00	500	\$500 P2004 .00
12/31/2003	William Ngo	MIND COM OTH PTY scc	Owner  Ngos Medical Clinic	100.00	. 100	\$100 P2004
12/08/2003	Luis Nogales	IND COM OTH SCC	President Nogales Partners	200.00	200	\$1200 P2004 .00
11/10/2003	Terence O'Heany	IXI IND COM OTH PTY	Doctor Terence M O'Heany MD	250.00	250	\$250 P2004

□ IND

OTH

SCC

ID: 822271

\*Contributor Codes

IND - Individual

11/10/2003

COM - Recipient Committee

(other than PTY or SCC)

Orange County Medical Assn PAC DOC PAC

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

1,400.00

\$1400 P2004

Type or print in link.
Amounts may be rounded to whole dollars.

Schedule A (CONT.)

Statement covers period from 10/01/2003 CALIFORNIA 460

through 12/31/2003 Page 16 of 30

I.D. NUMBER

1243923

NAME OF FILER

#### Friends Of Lou Correa

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER (D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF BELF-EMPLOTED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN: 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2003	PacifiCate	□ <b>%</b>		1,000,00	1,000.00	\$1000 P2004
10/01/2003	Paragon Partners Ltd	DIND DOM DIOTH PTY DSCC	,	100.00	100.00	\$100 P2004
12/08/2003	Joe Perez	DSNO COM COTH PTY SOC	CEO J Perez & Associates Inc	250.00	250.00	\$250 P2004
11/10/2003	Peter Anderson MD Medical Corp DBA Emergency Physician Fountain Valley	IND COM (X) OTH PTY SCC		1;400.00	1,400.00	\$1400 P2004
10/28/2003	Linda Pierog	DXIND COM PTY	Emergency Mgmt Specialist St Josephs Emergency Dept	1,000.00	1,000.00	\$1000 P2004
			SUBTOTAL	\$ 3,750.00		¥23,3

\*Contributor Codes

IND - individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY -- Political Party

SCC -- Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

		to wildle	uonais.	from 10/01/3	2003	FORM 460
				through 12/31/2	2003 P	age 17 of 30
Friends Of	Lou Correa				I.	D. NUMBER 243923
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMQUNT RECEIVED THIS PERIOD	CUMULATIVE TO D. CALENDAR YEAR (JAN. 1 - DEC, 31	TO DATE
12/08/2003	Frank Quevedo	IND COM	Vice-President Southern California Edison	250.00	250.0	\$750 P2004
12/31/2003	Tran Quy Le	MIND COM OTH PTY SCC	Consultant Healthy Families Medi Cal For Children	100.00	100.0	\$100 P2004
12/08/2003	Rainbow Disposal Co Inc	IND COM SOTH PTY SCC		700.00	700.0	\$700 P2004
11/17/2003	Redwine And Sherril Attorneys At Law	IND COM COM COTH PTY SCC		1,000.00	1,000.0	\$1000 P2004
12/08/2003	Sacramento County Deputy Sheriffs' Association ID: 781626	☐ IND  IXI COM  ☐ OTH  ☐ PTY  ☐ SCC		1,400.00	1,400.0	\$1400 P2004

SUBTOTAL \$

3,450.00

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	Statement covers period from 10/01/2003	CALIFORNIA 460
<b>\</b>	through 12/31/2003	Page 18 of 30
i		1.D. NUMBER 1243923

Friends Of Lou Correa FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR AMOUNT IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE CONTRIBUTOR DATE PER ELECTION OCCUPATION AND EMPLOYER RECEIVED THIS (IF COMMITTEE, ALSO ENTER LD. NUMBER) CALENDAR YEAR RECEIVED TO DATE CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) [X] IND Community Liaison \$150 P2004 ⊟cом Socorro Sarmiento 12/31/2003 ПОТН 150.00 150.00 PTY Mexican Consulate □ scc MD X **Psychiatrist** □ СОМ \$250 P2004 **Donald Sharps** 10/27/2003 Потн 250.00 250.00 PTY . County Of Orange Co. SCC □ COM Horse Breeder \$1200 P2004 Joan Smith 12/08/2003 HTO 200.00 200.00 ☐ PTY The Oaks Farm SCC [X] IND Medical Doctor □сом \$150 P2004 Lytton Smith 12/08/2003 □отн 150.00 150.00 PTY St Jude Hospital SCC DIND . **Public Affairs** COM Scott Smith \$200 P2004 12/31/2003 □ OTH 200.00 200.00 □ PTY State Farm Insurance Co ☐ SCC SUBTOTAL \$ 950.00

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

Type or print in ink.
Amounts may be rounded
to whole dollars

SCHEDULE A (CONT.)

Monetary Contributions Received		utions Received Amounts may be rounded to whole dollars.		Statement covers period from 10/01/2003 through 12/31/2003		CALIFORNIA 460 FORM Page 19 of 30	
NAME OF FILER Friends Of	Lou Correa					LD. NUMB 124392	ER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
11/17/2003	María Solis	X IND   COM   OTH   PTY   SCC	Retired N/A	100.00	100.00		\$150 P2004
12/31/2003	Maren Sowerby	IND COM OTH PTY	Physician St Jude Raidiology	200.00	200.00		\$200 P2004
11/17/2003	St Jude Emergency Medical Group Inc	□IND □COM IXIOTH □PTY □SCC		1,000.00	1,000.00		\$1000 P2004
10/27/2003	Michael Stephens	IND   COM   OTH   PTY   SCC	Administration Hoag Hospital	250.00	250.00		\$250 P2004
12/31/2003	Sunbelt Realty Services	□IND □COM □XOTH □PTY □SCC		200.00	200	0.00	\$300 P2004
Andrew Control of the			SUBTOTAL \$	1,750.00			

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

	<b>`</b>	to whole t	donars.	from 10/01/2	2003		RM 460		
				through12/31/2	2003	Page_	20 of 30		
NAME OF FILER Friends Of	Lou Correa	·				1.D. NUM 12439	BER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC,	AR	PER ELECTION TO DATE (IF REQUIRED)		
10/27/2003	Gregory Sviland	DIND COM	Physician Gregory J Sviland	250.00	250.00		250.00		\$250 P2004
11/10/2003	Satinder Swaroop	IND   COM   OTH   PTY   SCC	Physician Satinder Swaroop MD	250.00	250.00		\$250 P2004		
12/31/2003	Tao Dan Pharmacy	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00		\$100 P2004		
12/31/2003	Taquerias Guadalajara	IND COM COM TOTH PTY SCC		250.00	250	0.00	\$250 P2004		
12/31/2003	Tardif Sheet Metal And Air Conditioning	IND   COM   ZI OTH   PTY   SCC		200.00	200	0.00	\$200 P2004		

SUBTOTAL \$

1,050.00

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

monetary	to whole dollars.		dollars.	Statement cov from 10/01/2	2003	03 FORM 46			
NAME OF FILER				through 12/3 //	2003	Page 2	of 30		
	Lou Correa		- -			124392			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC	EAR	PER ELECTION (TO DATE (IF REQUIRED)		
10/01/2003	Tenet	OND COM		1,400.00	400.00				\$1400 P2004
12/31/2003	Teresa's Jewelers	☐IND ☐COM ØOTH ☐PTY ☐SCC		100.00	10	0.00	\$150 P2004		
12/31/2003	Marie Torres	IND COM OTH PTY SCC	Vice President  Alta Med. Health Service Corporation	100.00	10	0.00	\$100 P2004		
12/31/2003	John Vallejo	IND COM OTH PTY SCC	Co-Owner La Rioja Ranch Market	100.00	100	0.00	\$100 P2004		
11/17/2003	Vanguard Health Management Inc PAC	□IND □COM □SOTH □PTY □SCC	**Out of state contribution**	250.00	250	0.00	\$250 P2004		
		-	SUBTOTAL \$	1,950.00					

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

Type or print in Ink. Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received		Amounts may be rounded to whole dollars.		ers period 2003	CALIF	ORNIA 460
NAME OF FILER		- The state of the		through 12/31/	2003	Page_	
Friends Of	Lou Correa					1.0. NUM 12439	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
12/31/2003	Pablo Velasquez	XIND   COM   OTH   PTY   SCC	Broker Pablo Velasquez	200.00	200.00		\$700 P2004
12/31/2003	Velazquez Publishing Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.00		\$250 P2004
, 12/08/2003	Verizon	IND COM INDOTH PTY SCC		400.00	40	0.00	\$400 P2004
12/31/2003	Vu-Dinh Minh Md Inc	□ IND □ COM □ OTH □ PTY □ SCC		500.00	50	0.00	\$500 P2004
12/31/2003	Washington Mutual Bank	COM COM PTY SCC		400.00	40	0.00	\$400 P2004
			SUBTOTAL	<b>1</b> ,750.00		18	

\*Contributor Codes

IND - Individual

COM -- Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Violetary Contributions Received		to whole dollars.		Statement coverage from 10/01/2	ers period 2003	california 460 form	
				through 12/31/2003		Page 23 of 30	
NAME OF FILER						I.D. NUM	
Friends Of	Lou Correa					12439	23
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
12/31/2003	Jonathan Webb	Jonathan Webb  □ COM □ OTH □ PTY □ SCC □ SCC □ Attorney  Attorney		200.00	20	\$20	\$200 P2004
11/10/2003	Paul Yost	IX IND ☐ COM ☐ OTH	Physician	250.00	25	0.00	\$250 P2004

□ PTY Allied Anesth Inc □scc X IND СОМ Attorney Dan Zaharoni \$1000 P2004 12/08/2003 1,000.00 1,000.00 Urtnowski & Zaharoni PTY □ SCC CNIX Govt Relations □сом \$100 P2004 Omar Zaki 12/31/2003 ⊟oтн 100.00 100.00 CAIR □ PTY SCC □ IND □отн PTY SCC

SUBTOTAL \$

1,550.00

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print Amounts may b to whole do	e rounded	Statement covers	C/	CALIFORNIA 460	
	ONS ON REVERSE				through <u>12/31/20</u>	<u>03                                    </u>	age 24 of 30
NAME OF FILER Friends Of L	ou Correa					i	NUMBER 43923
DATE	NAME OF CANDIDATE, OFF MEASURE NUMBER OR LETT OR COMM	TER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO I CALENDAR YEA (JAN. 1 - DEC, 31	TO DATE
12/25/2003	ASM ASM Support	District: 20 ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		1,000.00	1,000.00	\$1000 P2004
	Support	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	Support	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
				SUBTOTAL :	\$ 1,000.00		The state of the s
1. Contributio				Include all Schedule D subtol			
	•			er \$100			1 000 00
J. TURAL COMM	indinous sur indebeudeut e	xpenditures made this p	period, (Add Lines 1	and 2. Do not enter on the	Summary Page.)	ΤΟΤΔΙ	1,000.00

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends Of Lou Correa				Statement covers  from10/01/200  through12/31/200	3 FOI	25 of 30
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR mernber con meetings an OFC office exper PET petition circu. PHO phone banks POL postage, de	nmunications d appearant uses dating survey reses livery and m	ces	RAD radio airtime and prefurned contributions and prefurned contributions. TEL t.v. or cable airtimes transfer between two tyour registration.	production costs ions s' salaries e and production costs odging, and meals f, lodging, and meats	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	· .	CODE	OR DE	SCRIPTION OF PAYMENT		'AMOUNT PAID ,
Ryan Busnardo		RFD				1,400.00
Scot Demmer		RFD				1,400.00
Julie Eardly		RFD	`			1,400.00
* Payments that are contributions or independent expenditures m	iust also be summ	arized on S	Schedule D.		SUBTOTAL \$	4,200.00
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include all Sc	hedule E subtotal	s.)	4**************************************	***************************************	\$	30,282.22
2. Unitemized payments made this period of under \$100						2,694.00
3. Total interest paid this period on loans. (Enter amount from						0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Er	nter here and on t	he Summa	ary Page, Column A	, Line 6.)	TOTAL \$	32,976.22

Schedule E (Continuation Sheet) Payments, Made	Type or print in ink. Amounts may be rounded to whole dollars.			Sta	tement covers period	schedule e (con california 460 form		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends Of Lou Correa	,		· · · · · · · · · · · · · · · · · · ·	throug	h_12/31/2003	Page_	BER	
CODES: If one of the following codes accurately decomposition of the following codes accurately decomposition (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and sin)* POS postage, de	nmunications and appearance ases ulating s survey resear	s	RAD RED I	describe the payme adio airlime and product elumed contributions campaign workers' salary. or cable airtime and candidate travel, lodging staff/spouse travel, lodging ransfer between committed to the control of the c	tion costs ries production cost , and meals ing, and meals ittees of the sai	s me candidate/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1D NUMBER)		CODE	OR .	DESCRIPTION			AMOUNT PAID	
Kristin Anne Frey		RFD				-	1,400.0	
Adam Magowan		RFD					1,400.0	
Briana Grimes		RFD					1,400.00	
Tenet		RFD				,	1,000.00	
Max Enhancement Group Inc	3	RFD					600.00	

 $^{\star}$  Payments that are contributions or independent expenditures must also be summarized on Schedule D.

5,800.00

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments, Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or prin Amounts may b to whole do	e rounded		from1	0/01/2003 2/31/2003	CALIFO FOR	27 of 30
Friends Of Lou Correa						1.D. NUME 12439	
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey resea very and me	98	RAD radio and radio and return SAL campa TEL t.v. or TRC candio a staff/s TSF transfe VOT voter and radio and return set of the radio and retu	airtime and productio ed contributions aign workers' salaries cable airtime and pro late travel, lodging, ai pouse travel, lodging	t. n costs s oduction costs nd meals n, and meals ses of the san	i ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PA	YMENT		AMOUNT PAID
Honda Of Santa Ana		RFD					1,400.00
CA Assn Of Industrial Banks PAC							
	ID: 801712	RFD				,	1,000.00
California Healthcare Association PAC							· · · · · · · · · · · · · · · · · · ·
	ID: 790773	RFD		*.			500.00
Committee On Political Education AFL-CIO							
	ID: 741504	RFD					1,600.00
Nova Information Systems Inc/Durkee & Associates C	Predit Card Accou						
	v	OFC					100.00
* Payments that are contributions or independent expenditures must als	so be summarized on S	chedule D.		-	SU	BTOTAL \$	4,600.00
							1,000,00

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 10/01/2003	SCHEDULE E (CON CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 12/31/2003	— Page _	
Friends Of Lou Correa		1.			12439	
CODES: If one of the following codes accurately decomposition of the following contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explained by the following codes accurately decomposition of the fo	MBR member of meetings at OFC office experience of petition circle. PHO polling and polling and postage, displayed postage, dis	ommunications and appearant cuses culating ks survey rese elivery and m	oces	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and candidate travel, lodging TSF transfer between commit voter registration information technology of	ition costs fies production costs , and meals ing, and meals ittees of the sar	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO. NUMBER)		CODE	OR (	DESCRIPTION OF PAYMENT		AMOUNT PAID
Nova Information, Systems Inc/Durkee & Associated Account	ates Credit Card	OFC				40.00
Nova Information Systems Inc/Durkee & Associated Account	ates Credit Card	OFC				2.00
Durkee & Associates	- 15			TO MANAGEMENT		
		PRO				2,512.54
Durkee & Associates		PRO				1,000.00
Durkee & Associates						
	· ·	PRO				1,469.17
*Payments that are contributions or independent expenditures r	nust also be summarized or	Schedule D.			SURTOTAL S	E 000 74

5,023.71

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends Of Lou Correa	Type or prir Amounts may I to whole d	be rounded		Statement covers period from 10/01/2003 through 12/31/2003	Page	SCHEDULE E (CONCALIFORNIA 460 FORM 29 of 30 I.D. NUMBER	
CODES: If one of the following codes accurately descriced campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/bailot fees  FND fundraising events  IND LEG legal defense  LIT campaign literature and mailings	MBR member cor MTG meetings ar OFC office exper PET petition circu PHO polling and POS postage, de	nmunications ad appearances ases alating s	h Sengar sanvices	RAD radio airtime and pro- RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime a Candidate travel, lodg TRS staff/spouse travel, lot transfer between convoter registration information technology	duction costs s alaries nd production costs ing, and meals odging, and meals nmittees of the sam	ne candidate/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	₹	DESCRIPTION OF PAYMENT		AMOUNT PAID	
Durkee & Associates		PRO	·			750.00	
Political Data Inc		POL				2,184.00	
Political Data Inc		POL			:	180.17	
First USA Bank	· ·	OFC				444.34	
US Postmaster		POS				Memo: 370.00	
* Payments that are contributions or independent expenditures must a	so be summarized on §	Schedule D.			SUBTOTAL \$	3.558.51	

3,558.51

Schedule E (Continuation Sheet) Payments, Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER  Friends Of Law Comments	Type or print in ink, Amounts may be rounded to whole dollars,		Statement covers period 10/01/2003 from 12/31/2003	SCHEDULE E (COCCALIFORNIA 46 FORM 46  Page 30 of 30		
Friends Of Lou Correa			_		12439	
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEC LEC campaign literature and mailings	MTG meetings an OFC office exper PET petition circu. PHO phone benks POL postage, del	amunications d appearance uses elating s survey resea livery and me	<b>9S</b>	RAD radio airtime and productive returned contributions campaign workers' salaried two or cable airtime and productive returned contributions campaign workers' salaried two or cable airtime and productive ransfer between committed two total registration information technology co	on costs  es roduction cost and meals g, and meals ees of the sai	me candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Orange County Register						
		FIL				5,000.0
Connie Sanders Emerson Fundraising						-
	.*	CNS				500.0
Alberto Torrico For Assembly	·					
	ID: 1253181	СТВ				1,000.0
Frank Dominguez	·					
		CNS				600.0

SUBTOTAL \$ 7,100.00

<sup>\*</sup>Payments that are contributions or independent expenditures must also be summarized on Schedule D.